Approved, SCAO OSM CODE: PRF FILE NO. STATE OF MICHIGAN ■ APPLICATION
■ PETITION REMOVAL/TERMINATION PROBATE COURT **COUNTY OF** OF PERSONAL REPRESENTATIVE AND APPOINTMENT OF SUCCESSOR Estate of 1. I am interested in this estate as _____ _____ as personal representative of the estate, 2. The appointment of_ Name has been terminated because of death. disability. resignation. personal representative
should be removed as special personal representative of the ∐ 3. Name estate because:
State cause for removal of personal representative 4. The court closed the estate due to the fiduciary failing to perform required duties. 5. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: 6. It is necessary that a successor personal representative be appointed to continue and complete administration of the estate. 7. I REQUEST: be removed as personal representative of the estate □ a. ___ and all property of the estate be delivered to the successor when he or she qualifies. be directed to file a final account with this court. residing at ______Address or some other suitable person, be appointed \square special \square successor personal representative in place of the removed/terminated personal representative. d. The estate be reopened. I declare under the penalties of perjury that this application/petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief. Date Petitioner signature Attorney signature Name (type or print) Bar no. Name (type or print)

Do not write below this line - For court use only

Address

City, state, zip

Telephone no.

Telephone no.

Address

City, state, zip